PRINTED: 10/19/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVS63AGZ** 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4062 MONTHILL MONTHILL PALMS** LAS VEGAS, NV 89121 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** Surveyor: 27118 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on June 24, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified: Y 103 Y 103 449.200(1)(d) Personnel File - NAC 441A SS=F

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

 Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.

NAC 449.200

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVS63AGZ				B. WING		06/24/2009			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•			
				2 MONTHILL VEGAS, NV 89121					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		LD BE	(X5) COMPLETE DATE		
Y 103	Continued From page		Y 103						
	This Regulation is not met as evidenced by: Surveyor: 27118 Based on record review on 6/24/09, the facility failed to ensure 3 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #2 and #3) for the protection of all residents. This was a repeat deficiency from the 9/8/08 State Licensure survey. Severity: 2 Scope: 3		ity vith g of all						
Y 105 SS=F			Check	Y 105					
			ach lude:						
	Surveyor: 27118 Based on record revie failed to ensure 3 of 3	ot met as evidenced by: ew on 6/24/09, the facil B caregivers met backg Employee #1, #2 and #	ity round						
Y 176 SS=F	Severity: 2 Scope: 3 449.209(4)(c) Health and Sanitation-Insects, Rodents		,	Y 176					
	NAC 449.209								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVS63AGZ				B. WING		06/24/2009			
MONTUIL DALMS			4062 MONT	STREET ADDRESS, CITY, STATE, ZIP CODE 4062 MONTHILL LAS VEGAS, NV 89121					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE			
Y 176	Y 176 Continued From page 2 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by: Surveyor: 27118 Based on observation on 6/24/09, the facility failed to keep the cupboard under the sink free from mice.			Y 176					
	Severity: 2 Scope: 3								
Y 178 SS=E			hall the	Y 178					
	Surveyor: 27118 Based on observation administrator failed to	o ensure that the exterionaintained (numerous b g cart).	or of						
Y 908 SS=B	449.2746(2)(a)-(f) PR	RN Medication Record		Y 908					

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NAC 449.2748

supplement, must be:

3. Medication, including, without limitation, any

(a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the

over-the-counter medication or dietary

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by:

Based on record review on 6/24/09, the facility failed to ensure 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2) which affected all residents.

This was a repeat deficiency from the 9/8/08

Surveyor: 27118

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